



E001211

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REGIONAL MEDICAL PROGRAM DECISION PAPER

ADDENDUM #1

I. NARRATIVE

A. Description of Program

B. Criticisms of Program

1. Lacks Coordination
2. Brownian Movement
3. No Overall Detectable Strategy

4. *Local educ.*

5. *Completeness of RMP with national goals as left too much to local initiative (Administration)*

C. Strength of Program

1. Establishment of workable and new acceptable linkage between Federal Government and the professional providers of both the *state and local govt's health systems*
2. Productive dialogue has been established between and among formerly disparate interest in most communities as a consequence of the establishment of the program.

3. *Med. sch. — 1 year*

4. *Exec. titles of managers + dist. (FMS)*

D. Federal Needs:

1. *Need to define relationships of RMP + related programs*

1a. Implementation of quality control through utilization review, peer review and continuing education.

2. Means for conducting pilot experiments, demonstrations and institutional reforms working within the system.

2a) *Serve as a realistic resource for valid R+D projects.*

5a. *Inadequate demonstration of real accomplishments*
6. *Cost at local level of directing & managing the program is excessive.*
7. *Shouldn't be in the "planning business!"*

Supports & strengthens institutional development, reform, self-initiative + non-dependency at the local level.

3. Implementing decisions made by CHP Agencies.

4. Promote HEW emphasis, i.e., HMO, EMS, ~~AHE~~

5. *Blue cross of Ohio plan. Services -*

6. *To make more efficient & productive use of existing national resources*

II. ISSUES AND OPTIONS

Issue 1(a)

Should the local RMP units be programmatically independent?

Option A - Yes. Completely locally responsive.

Option B - Yes, but incentives for working on HEW priorities.

Option C - Most money obligated for HEW priorities or criteria with remaining moneys to be spent on local priorities.